

10/585401

AP20 Rec'd PCT/PTO 07 JUL 2006

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DEVICE FOR ATOMIZING A LIQUID COMPOSITION
Attorney Docket Number::	0532-1034
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: HENRI-LOUIS  
Middle Name::  
Family Name:: SCHWAL  
Name Suffix::  
City of Residence:: TOULOUSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 61, RUE DE LA POMME  
Address::  
City of Mailing Address:: TOULOUSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DAVID  
Middle Name::  
Family Name:: KASSAR  
Name Suffix::  
City of Residence:: TOULOUSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 27, RUE JEAN MICOUD  
Address::  
City of Mailing Address:: TOULOUSE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31500

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/002299	9/10/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0310724	9/12/03	Yes

**Assignment Information**

Assignee Name:: GLOSTER SANTE EUROPE

Street of Mailing PROLOGUE LA PYRENEENNE

Address:: NO. 15, 16 ET 17

City of Mailing Address:: LABEGE CEDEX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31312